

# T ERMS USED IN

## VIRGINIA'S MENTAL HEALTH DELIVERY SYSTEM

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**504 Plan** – An individualized plan developed for a student with a disability that specifies what accommodations and/or services they will receive in school to "level the playing field" so that they may derive as much benefit from their public educational program as their nondisabled peers. The plan follows from the requirements of Section 504 of the Rehabilitation Act of 1973, and also applies to extracurricular activities and non-student situations such as employment. Section 504 applies to all public entities receiving federal monies or federal financial assistance.

**Acetylcholine** – Often abbreviated *Ach*, this chemical compound is one of many neurotransmitters in both nervous systems.

**Acute** – Refers to an intense illness or affliction of abrupt onset.

**Adaptive** – An individual's effectiveness in functioning at an age-appropriate level.

**ADIS-C/P** – Anxiety Disorders Interview Schedule for DSM-IV: Child and Parent Version.

**Adjustment Disorder** – A disorder which occurs when a child experiences emotional and behavioral symptoms of depression and/or anxiety that is clearly in response to an identifiable stressor or stressors. The diagnosis of Adjustment Disorder is most appropriate when the child is experiencing distress above the normal amount that might be expected in response to stressor(s) and/or when the stressor(s) cause school grades to drop or impede daily activities. See "*Adjustment Disorders*" section.

**Advanced Practice Registered Nurse (APRN)** – A registered nurse who has earned either a Master's or Doctoral Degree in order to specialize in psychiatric nursing. An APRN can provide the full range of psychiatric care services to individuals, families, groups, and communities, function as psychotherapists, and in most states they have the authority to prescribe medications. Psychiatric-mental health nurses in advanced practice are qualified to practice independently. Some APRNs practice consultation/liaison nursing, delivering direct mental health services to physically ill patients or consultation to staff in general medical settings. See "*General Description of Providers*" and "*Providers Licensed in Virginia*" sections.

**Affective Disorder** – A mental disorder not caused by detectable organic abnormalities of the brain characterized by a consistent, pervasive alteration in mood, and affecting thoughts, emotions, and behaviors.

**Age Appropriate** – At the right level for the chronological (actual) age of the child.

**Anecdotal Evidence** – An informal account of evidence, often in the form of heresy. Used in contrast to scientific evidence, especially evidence-based medicine.

**Anhedonia** – Inability to experience pleasure from activities and play.

**Anticonvulsant** – Drug designed to prevent the seizures or convulsions typical of epilepsy or other convulsant disorders, but also used for bipolar disorder.

**Anxiolytic** – Any drug used in the treatment of anxiety.

**Anxiety Disorder** – Disorder characterized by worries or fears that become exacerbated to the point of causing significant impairment in the child's functioning. When their fears do not fade and begin to interfere with the child or adolescent's daily life and activities, an anxiety disorder may be present, and parents should promptly seek the evaluation of their child or teen by a physician. See "*Anxiety Disorders*" section.

**Anorexia Nervosa** – Eating disorder characterized by low body weight (less than 85 percent of normal weight for height and age), a distorted body image, and an intense fear of gaining weight. See “*Maladaptive Behaviors, Eating Disorders*” section.

**Anti-depressants** – Medications used in the treatment of depression, as well as other psychiatric disorders.

**Antipsychotics** – Medications commonly used in medical and psychiatric practices to treat positive psychotic symptoms (e.g., hallucinations, bizarre behavior, delusions) regardless of diagnostic category. There are two classes of antipsychotics: typical antipsychotics (neuroleptics) and newer agents’ atypical antipsychotics (e.g., risperidone and clzapine) with fewer side effects.

**Asperger’s Syndrome** – A disorder on the autism spectrum characterized by problems in development of social skills and behavior and is commonly recognized after the age of three. The *DSM-IV* classification defines Asperger’s on the basis of the presence of qualitative impairments in social interaction like those observed in autism, but without the significant delay in language or cognitive behavior. See “*Autism Spectrum Disorders*” section.

**Assessment** – A professional review of the child and family’s needs conducted when they first seek services from a caregiver. It typically includes a review of physical and mental health, intelligence, school performance, family situation, and behavior in the community. The assessment identifies the strengths of the child and family. Together, the service provider and family decide what kind of treatment and supports, if any, are needed.

**Assistive Technology** – Any item, piece of equipment or product system, whether acquired commercially off the shelf, modified, or customized, which is used to increase, maintain, or improve the functional capabilities of children with disabilities.

**Attention Deficit Hyperactivity Disorder (ADHD)** – Behavior disorder, usually first diagnosed in childhood that is characterized by inattention, impulsivity and, in some cases, hyperactivity. See “*Behavior Disorders, Attention Deficit Hyperactivity Disorder*” section.

**At Risk of Serious Emotional Disturbance (SED)** – Children through the age of seven are considered at risk of developing serious emotional disturbances if they meet at least one of the following criteria:

- 1) The child exhibits behavior or maturity which is significantly different from most children of that age and which is not primarily the result of developmental disabilities or mental retardation; or
- 2) Parents, or persons responsible for the child’s care, have predisposing factors themselves that could result in the child developing serious emotional or behavioral problems (e.g., inadequate parenting skills, substance abuse, mental illness, or other emotional difficulties); or
- 3) The child has experienced physical or psychological stressors that have put him or her at risk for serious emotional or behavioral problems (e.g., living in poverty, parental neglect, physical or emotional abuse).

See also “*Serious Emotional Disturbance*” definition.

**Autism** – A lifelong developmental disability that typically appears during the first three years of life. A child with autism appears to live in his/her own world, showing little interest in others, and a lack of social awareness. Autistic children often have problems in communication, avoid eye contact, and may show limited attachment to others. No known factors in the psychological environment of a child have been shown to cause autism. See “*Autism Spectrum Disorders*” section.

**Autonomic Nervous System Activation** – The autonomic nervous system controls involuntary actions, such as heartbeat and the widening or narrowing of blood vessels.

**Autosomal Dominant Disorder** – A disorder caused by a dominant mutant gene on an autosome, i.e., genetic defect. See “*Habit Disorders*” section.

**Behavior Therapy** – A form of psychotherapy in which a therapist analyzes a person’s problematic behavior in terms of what reinforces or punishes that behavior. The behavioral therapist will systematically alter the reinforcers or punishers to get the person to change their behaviors. Behavior therapy has been adapted over the years to create Cognitive Behavioral Therapy (CBT), which looks at the role of both thinking (cognition) and behavior in the context of human problems.

**Behavioral Classroom Management (BCM)** – Teacher-implemented behavior modification strategies including reward programs, point systems, and time-outs.

**Behavior Intervention Plan (BIP)** – A formalized plan that targets specific behaviors for alteration and that follows a functional behavioral assessment. Usually appended to a student's individualized educational plan, a public school must attempt such a plan before changing a student's placement to a more restrictive environment (unless there is an emergency situation). The plan is supposed to be based on positive inducements, if possible. A behavior intervention plan should also include the environmental or proactive changes the staff will make to decrease the likelihood of the undesirable behavior or symptom.

**Behavioral Health Authorities (BHAs)** – Agencies functioning in the same capacity and operating under the same requirements as community services boards.

**Behavioral Parent Training (BPT)** – Technique for teaching management and discipline skills which extends treatment from the therapist's office to the home

**Beta-blocker** – Agent inhibiting the action of beta-adrenergic receptors, which modulate cardiac functions, respiratory functions, and the dilation of blood vessels. Beta-blockers are of value in the treatment of hypertension, cardiac arrhythmias, and migraine. In psychiatry, they are used in the treatment of aggression and violence, anxiety-related tremors and lithium-induced tremors, social phobias, panic states, and alcohol withdrawal.

**Binge Eating Disorder (BED)** – Disorder resembling bulimia nervosa and which is characterized by episodes of uncontrolled eating. It differs from bulimia, however, in that its sufferers do not purge their bodies of the excess food via vomiting, laxative abuse, or diuretic abuse. See *"Maladaptive Behaviors, Eating Disorders"* section.

**Biofeedback** – A technique for controlling bodily functions usually thought to be involuntary (not under conscious control). The procedure utilizes electronic equipment to monitor continuously some feature of physiological response (e.g., heart rate, breathing, or muscle tension) and convert the measurements into signals which a person can easily perceive.

**Biochemical Treatment** – Treatment including such biochemicals as vitamins, minerals, and amino acids which is a complement, rather than an alternative, to traditional drug therapies.

**Biological Factors** – Genetic and neurological components in the context of mental health disorders.

**Bipolar Disorder** – A mood disorder causing a child's moods to swing between states of depression (low mood and energy) and mania (heightened elevated, ecstatic mood, and energy). See *"Pediatric Bipolar Disorder"*.

**Body Image** – One's sense of the self and one's body.

**Borderline Personality Disorder (BPD)** – Pattern of behavior characterized by impulsive acts, intense but chaotic relationships with others, identity problems, and emotional instability.

**Broadband Tool** – A general screening tool, opposite of narrowband tool, which targets a specific disorder.

**Bulimia Nervosa** – Pattern of behavior in which the individual eats excessive quantities of food and then purges the body by using laxatives, enemas, or diuretics, vomiting, and/or exercising. See *"Maladaptive Behaviors, Eating Disorders"* section.

**Case Management** – Service that assists children and their families in identifying and accessing services that meet their individual needs. The primary purpose of case management is to ensure that the needed services are delivered in an effective and efficient manner. The activities of a case manager may include identifying and reaching out to individuals in need of assistance, assessing needs and planning services, linking the individual to supports and services, coordinating services with other providers, monitoring service delivery, and advocating for these children in response to their changing needs. Case management services are typically provided by community services boards, private clinics, and social services agencies.

**Case Manager** – Health care professional who works directly with clients, coordinates various activities, and acts as the clients' primary contact with other members of their treatment teams. Case managers are often social workers.

**Catatonia** – A cluster of motor features, including rigid posture, fixed staring, and stupor, which manifest in a variety of mental health disorders.

**Causal Relationship** – Experimental research determines that one variable truly causes change(s) in another variable.

**Certified Sex Offender Treatment Provider** – Psychologist specializing in providing sex offender treatment services.

*Type of degree held:* M.A., Ph.D., Psy.D., M.D., with additional coursework and supervision in sex offender treatment.

*Where they can be found:* Residential treatment centers, therapeutic group homes, community services boards, private outpatient mental health clinics.

*See “General Description of Providers” and “Providers Licensed in Virginia” sections.*

**Certified Substance Abuse Counseling Assistant** – A professional certified to perform the substance abuse treatment functions of orientation, implementation of substance abuse treatment plans, case management, substance abuse or dependence crisis intervention, record keeping, and consultation with other professionals. A certified substance abuse counseling assistant may participate in recovery group discussions, but cannot engage in counseling with either individuals or groups or engage in independent or autonomous practice. They act under the supervision of a licensed substance abuse treatment practitioner or a CSAC.

*Type of degree held:* High School Diploma or equivalent, along with additional coursework and supervised experience in substance abuse treatment.

*Where they can be found:* Inpatient substance abuse treatment centers, community services boards, and private outpatient mental health and substance abuse clinics.

*See “General Description of Providers” and “Providers Licensed in Virginia” sections.*

**Certified Substance Abuse Counselor (CSAC)** – A professional certified to perform the substance abuse treatment functions, which generally include screening, intake, orientation, assessment, recovery and relapse prevention planning, substance abuse treatment, and case management. However, these activities must be conducted under the supervision of a licensed substance abuse treatment practitioner. A CSAC may also be responsible for supervising certified substance abuse counseling assistants.

*Type of degree held:* B.A., along with additional coursework and supervised experience in substance abuse treatment.

*Where they can be found:* Inpatient substance abuse treatment centers, community services boards, and private outpatient mental health and substance abuse clinics.

*See “General Description of Providers” and “Providers Licensed in Virginia” sections.*

**Chelation Therapy** – Administration of chelating agents to remove heavy metals from the body.

**Children's Advocacy Center** – A model for investigation and intervention in child abuse cases. A facility-based, child-friendly, multidisciplinary approach to the investigation, treatment, and prevention of child abuse cases is utilized.

**Child and Adolescent Psychiatrist** – Licensed physician (M.D. or D.O.) specializing in the evaluation, diagnosis, and treatment of mental disorders in children and adolescents. Their medical and psychiatric training with children and adolescents prepares them to treat children and adolescents either individually, as part of and involving the family unit, and/or in a group setting. Child and adolescent psychiatrists can prescribe medications, if needed. *See “General Description of Providers” and “Providers Licensed in Virginia” sections.*

**Chronic** – A term used to describe long-term persistence. In some mental health disorders, *chronic* is specified as persisting for six months or longer.

**Clinical Psychologist** – A psychologist specializing in the practice of psychotherapy in individual, family, marital, and group settings.

*Type of degree held:* Ph.D., Psy.D.

*Where they can be found:* Psychiatric hospitals, residential treatment centers, community services boards, private outpatient mental health and substance abuse clinics, private practice.

*See “General Description of Providers” and “Providers Licensed in Virginia” sections.*

**Clinical Trials/Studies** – Research studies designed to test how well new medical approaches work and to answer scientific questions about better ways to prevent, screen for, diagnose or treat a disease. They may also compare a new treatment to a treatment that is already available. Every clinical trial has a protocol, or action plan; the plan describes the trial’s goal and how it will be conducted. An independent committee of physicians, statistician, and members of the community must approve and monitor the protocol and ensure that risks are worth the potential benefits.

**Cognitive Behavioral Therapy (CBT)** – A form of psychotherapy that helps people learn to change inappropriate or negative thought patterns and behaviors associated with their illness. The goal is to recognize negative thoughts or mind-sets (mental processes such as perceiving, remembering, reasoning, decision making, and problem solving) and replace them with positive thoughts, which will lead to more appropriate and beneficial behavior. For instance, Cognitive Behavioral Therapy tries to replace thoughts that lead to low self-esteem (“I can’t do anything right.”) with positive expectations (“I can do this correctly.”).

**Cognitive Impairment** – Poor mental function which affects the ability to think, concentrate, formulate ideas, reason, and remember. It is distinct from a learning disability insofar as it may have been acquired later in life as a result of an accident or illness.

**Community-based Care** – Care and supports rendered outside the institutional setting. Treatment is provided where the child lives, works, and plays. It may be a school or home.

**Community Policy and Management Teams (CPMTs)** – These are teams that operate under the Comprehensive Services Act to coordinate agency efforts, manage available funds, and see that eligible youths and their families get the assistance they need. The CPMTs coordinate long-range, community-wide planning which ensures the development of resources and services needed by children and families in their community. CPMTs establish policies governing referrals and reviews of children and families to the Family Assessment and Planning Teams (FAPTs). Each CPMT establishes and appoints one or more FAPT based on the needs of the community. CPMTs also authorize and monitor the use of funds by each FAPT. The CPMT includes a representative from the following community agencies: Community Services Board, Juvenile Court Services Unit, Department of Health, Department of Social Services, and the local school division. The team also includes a parent representative and a private provider organization representative for children or family services, if such organizations are located within the locality.

**Community Services Boards (CSBs)** – These agencies serve as the single point of entry into the publicly-funded mental health system. They provide comprehensive mental health, developmental, and substance abuse services. There are 39 CSBs throughout the Commonwealth. Because these agencies are affiliated with local governments, there is tremendous variation in the number and types of services offered by each. However, CSBs usually provide certain core services: crisis intervention services, local inpatient services, outpatient services, case management, day support, residential services, and early intervention services.

**Comorbidity** – A condition in which a child is diagnosed with more than one disorder at the same time.

**Complex Trauma** – Child’s experiences of multiple traumatic events that occur within the caregiving system, where safety and stability would be expected.

**Comprehensive Services Act for At-Risk Youth and Families (CSA)** – Virginia law creating a collaborative system in which state and local agencies work together and draw on the same pool of funds to plan and provide services for at-risk youth. The purpose of the act is to provide high quality, child centered, family focused, cost effective, community-based services to high-risk youth and their families. In each community, local teams decide how to do this. There are two primary teams that operate under the CSA are the Family Assessment and Planning Teams (FAPTs) and Community Policy and Management Teams (CPMTs).

**Conduct Disorder (CD)** – Children with CD exhibit persistent and critical patterns of misbehavior. These children may indulge in frequent temper-tantrums like children with oppositional defiant disorder; however, they also violate the rights of others (Center for the Advancement of Children’s Mental Health at Columbia University, 2000). Disordered behaviors include aggression towards people or animals, destruction of property, deceitfulness, theft or serious violation of rules (Murphy, et al., 2001). See “*Behavior Disorders, Oppositional Defiant & Conduct Disorders*” section.

**Consolidated Omnibus Budget Reconciliation Act (COBRA)** – Federal legislation requiring employers to allow former employees to continue their insurance coverage up to 18 months (three years for divorced or separated spouse and children). The insured must reimburse the employer for the cost of the coverage, plus up to 5 percent in administrative fees.

**Contamination Obsessions** – Compulsion characterized by intrusive thoughts about catching a disease from touching a surface, which leads to compulsive grooming or hand-washing.

**Contingency Management Strategies** – Strategies employ reward systems which are designed to provide reinforcements to increase desired behaviors, e.g., following directions, attentiveness, or turn-taking.

**Continuum of Care** – Term that implies a progression of services that a child would move through, probably one at a time. The more up-to-date idea is one of comprehensive services. See “Systems of Care and Wraparound Services” definition.

**Contraindicated** – To indicate the inadvisability of a medical treatment.

**Co-occurring Disorder (COD)** – Refers to co-occurring substance-related and mental disorders. Clients said to have COD have one or more substance-related disorders as well as one or more mental disorders. The definition of a person with COD (individual-level definition) must be distinguished from a person who requires COD services (service definition). At the individual level, COD exist .when at least one disorder of each type can be established independent of the other and is not simply a cluster of symptoms resulting from [a single] disorder. (CSAT, 2005, p. 3).

**Coprolalia** – Vocal tic activity that usually involves loud grunting, but may also include word shouting, with the words sometimes being obscenities. See “*Habit Disorders*” section.

**Cortex** – The outer layer of the vertebrate cerebrum which controls voluntary motor and visual functions. This part of the brain plays a key role in memory, attention, perceptual awareness, thought, language and consciousness. Also referred to as *cerebral cortex*.

**Cortisol** – Hormone often associated with stress.

**Counseling** – A service that incorporates care consultation, evaluation, and outpatient treatment to those experiencing concerns about their mental health.

**Court Service Units (CSU)** – Local agencies operated by the Department of Juvenile Justice which serve as gatekeepers for children and families served by the local Juvenile and Domestic Relations Court. These units are responsible for handling petitions, intakes, investigations and reports, custody investigations, and probation supervision.

**CREB** – Gene linked to alcohol addiction, as well as anxiety-like behaviors.

**Crisis Intervention (Emergency) Services** – 24-hour services that may be provided in either residential or nonresidential settings. They are short term interventions designed for children and adolescents who are basically well-functioning but experience periodic crisis, or who have problems that are more serious and are prone to acute episodes which require special services. The underlying goal of these services is to assist the child and family in resolving the situation so that inpatient hospitalization is unnecessary. Nonresidential crisis services include telephone hotlines, walk-in crisis intervention services, mobile crisis outreach services, and intensive home-based interventions. Residential services include runaway shelters, crisis stabilization units, and temporary placements in programs such as therapeutic foster care and crisis group homes. Treatment typically includes evaluation and assessment, crisis intervention and stabilization, and follow-up planning. To the extent possible,

families are included in all phases of the treatment. These programs are typically provided by community services boards, private clinics and providers, and psychiatric hospitals.

**Cultural Competence** – Sensitivity and responsiveness to cultural differences. Caregivers are aware of the impact of their own culture and possess skills that help them provide services that are culturally appropriate in responding to people's unique cultural differences, such as race and ethnicity, national origin, religion, age, gender, sexual orientation, or physical disability. They adapt their skills to fit a family's values and customs.

**Cycling** – A repeated, sequential event which can cycle from up to down or vice versa. May be used in reference to mood swings.

**Cyclothymic Disorder** – Mild form of bipolar disorder which is a chronic mood disorder causing emotional ups and downs.

**Daily Report Card** – One strategy of behavioral classroom management, which provides feedback to parents and/or the therapist about target behaviors and bridges efforts from therapy to home-based interventions.

**Day Treatment Services** – See *“Therapeutic Day Treatment” definition.*

**Day Support Waiver** – Services provided to individuals in Virginia who are on the waitlist for Intellectual Waiver. Services may include day support, pre-vocational services and supported employment.

**Delusion** – A fixed false belief that is resistant to reason or confrontation with actual fact.

**Department of Behavioral Health and Development Services (DBHDS)** – Formerly the Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS), the Department's name was changed by the 2008 Virginia General Assembly

**Depression** – A depressive disorder characterized by extreme feelings of sadness, lack of self-worth, and dejection. See *“Depression and Dysthymia” section.*

**Developmental Disabilities** – A group of conditions caused by an impairment in physical, learning, language, or behavior areas. These conditions begin during the developmental period, may impact day-to-day functioning, and usually last throughout a person's lifetime.

**Diagnostic and Statistical Manual of Mental Disorders Revised (DSM-IV)** – Official manual listing psychiatric and psychological disorders, published by the American Psychiatric Association in 1994 and recognized by the insurance industry as the primary authority for the diagnosis of mental disorders.

**Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR)** – Revision of the fourth edition of the manual published by the American Psychiatric Association in 2000, replacing the *DSM-IV*.

**Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition** – Revision of the fourth edition, text revision, of the manual published by the American Psychiatric Association. The DSM-5 will replace the DSM-IV and is scheduled for release in May 2013.

**Diagnostic Assessment** – A formal process by which a problem or problems are identified and/or measured.

**Dialectical Behavioral Therapy (DBT)** – A cognitive-behavioral treatment approach with two key characteristics: a behavioral, problem-solving focus blended with acceptance-based strategies, and an emphasis on dialectical processes. "Dialectical" refers to the issues involved in treating patients with multiple disorders and to the type of thought processes and behavioral styles used in the treatment strategies. DBT emphasizes balancing behavioral change, problem-solving, and emotional regulation with validation, mindfulness, and acceptance of patients.

**Dietary Supplement** – A product taken by mouth that contains an ingredient intended to supplement the diet. Ingredients may include, but are not limited to, vitamins, minerals, herbs or other botanicals, amino acids, and substances such as enzymes, organ tissues, glandulars, etc. Dietary supplements are placed in a special category under the general umbrella of foods, not drugs.

**Disassociation** – Detachment of mind from emotion.

**Discharge Plan** – Document which identifies relevant features of admission including diagnosis, clinical course while admitted, and results of relevant investigations. Additionally, lists required elements for the ongoing treatment and medical care and maintenance of the patient which are to occur post-discharge.

**Disruptive Disorders** – These disorders are the most common reasons children are referred for mental health evaluations and treatment. Disruptive disorders include mental health problems with a focus on behaviors that both identify emotional problems and create interpersonal and social problems for children and adolescents in the course of their development. Conduct disorder and oppositional defiant disorder are two classes of disruptive disorders. Attention deficit hyperactivity disorder is also considered a disruptive disorder. See *“Behavior Disorders, Oppositional Defiant & Conduct Disorders”* section.

**Dopamine** – A neurotransmitter formed in the brain by the decarboxylation of dopa and essential to the normal functioning of the central nervous system.

**Double-blind Study** – A study in which neither the researchers nor the participants know the treatment each participant has received, the goal being to more nearly guarantee an objective conclusion.

**Dual Diagnosis** – A term typically used to describe those individuals who suffer from both mental health disorders and substance abuse. This term is also used to describe the double challenges faced by individuals diagnosed with both a developmental disability and a mental health disorder. In either context, a dual diagnosis may cause significant clinical impairment and places an additional burden upon these youth and their families.

**Dysfunction** – Abnormal or impaired functioning, especially of a bodily system or social group.

**Dyslexia** – Inability or difficulty in reading, including word-blindness and a tendency to reverse letters and words in reading and writing.

**Dysthymia** – Mood disorder that often resembles a less severe, yet more chronic form of major depression. However, persons with dysthymia may also experience major depressive episodes at times. See *“Depression and Dysthymia”* section.

**Early Intervention Services** – Services intended to improve functioning or change behavior in children identified as experiencing problems, symptoms, or behaviors. The goal is to improve the child’s behaviors in order to prevent a future need for more extensive treatment. This approach also includes infant and toddler intervention, which provides family-centered, community-based early intervention services designed to meet the developmental needs of infants and toddlers and their families to enhance the child’s development and to prevent or minimize the potential for developmental delays. These types of services are most often provided by social service agencies, community services boards, pediatricians and nurses in health clinics, and schools.

**Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)** – Early and Periodic Screening, Diagnosis, and Treatment, Medicaid’s comprehensive and preventive child health program for individuals under the age of 21. The EPSDT program covers screening and diagnostic services to determine physical or mental defects in recipients and health care, treatment, and other measures to correct or ameliorate any defects and chronic conditions discovered. Services include health and developmental history screening, immunization, nutritional status assessment, vision and hearing testing, dental services for children three years and older, and visual treatment including eyeglasses.

**Eating Disorders** – Refers to a variety of disorders characterized by abnormal eating behaviors, which are serious mental health disorders and can be life threatening. See *“Maladaptive Behaviors, Eating Disorders”* section.

**Echolalia** – The involuntary parrot-like repetition (echoing) of a word or phrase just spoken by another person. Echolalia is a feature of schizophrenia (especially the catatonic form), Tourette syndrome, and some other disorders.

**Echopraxia** – The involuntary imitation of the movements of another person. Echopraxia is a feature of schizophrenia (especially the catatonic form), Tourette syndrome, and some other neurologic diseases.

**Efficacious** – Producing, or capable of producing, a desired effect.

**Efficacy** – Studies are directed at establishing how well a particular intervention works in the environment and under the conditions in which treatment is typically offered.

**Electroconvulsive Therapy (ECT)** – A treatment method usually reserved for very severe or psychotic depressions or manic states that often are not responsive to medication treatment. A low-voltage alternating electric current is sent to the brain on an anesthetized patient to induce a convulsion or seizure, which has a therapeutic effect.

**Emergency Services** – See *“Crisis Intervention Services” definition.*

**Empirical** – Capable of being verified or disproved by observation or experiment.

**Episodic** – Reflecting a series of episodes.

**Ethnopharmacology** – Treatment acknowledging racial and ethnic variation in pharmacokinetics, Asians and Hispanic children with schizophrenia may require lower doses of antipsychotics than Caucasians to achieve the same blood levels. Although knowledge in this area is scant, cultural patterns should be considered in prescription practices.

**Etiology** – A process that describes how a problem or diagnosis developed to its current condition. It typically answers the question “how did the child get that way?”

**Evidence-based** – Programs that have undergone scientific evaluation and are proven to be effective. See *“Evidence-based Treatment Section.”*

**Executive Functioning** – Describes the cognitive system that helps connect past experiences. Executive function governs the ability to do abstract thinking, role acquisition, and initiating both appropriate and inappropriate behaviors.

**Exposure Therapy** – A form of psychotherapy in which a patient is deliberately exposed to the problem or event that triggers psychological problems under controlled conditions. The patient is then taught techniques to avoid performing the compulsive rituals or to work through the trauma.

**Family Access to Medical Insurance Security (FAMIS)** – Virginia’s Title XXI Plan that helps families provide health insurance to their children.

**Family Assessment and Planning Teams (FAPTs)** – Local teams which operate through the Virginia Comprehensive Services Act. The purpose of the team is to assess the strengths and needs of troubled youths and families who are approved for referral to the team and identify and determine the services that are necessary to meet these unique needs. They are responsible for developing an individual family services plan (IFSP) for youths and families reviewed by the team that provides for appropriate and cost-effective services, and for monitoring the child’s progress under this plan. Members of the team include parents as well as staff from local agencies including the community services board, court service unit, Department of Social Services, Department of Health, schools, and private providers. Children and adolescents may be referred to the FAPT teams from any of these agencies, and they receive services based on available funding.

**Family Preservation Services** – See *“Home-Based Services” definition.*

**Family Support Services** – Services that are designed to assist families in dealing with the pressures and demands of raising children with severe emotional disturbance. A variety of services are provided to assist families in achieving balanced lives, including respite care, family self-help, support, advocacy, and assistance with financial or family survival needs (food, housing, transportation, home maintenance). Family support services may also include providing caregivers with the necessary education, information, and referrals to ensure

that they are informed decision-makers. These services are typically provided by social service agencies, community services boards, and private agencies and organizations.

**Familial** – Tending to occur in more members of a family than expected by chance alone.

**Family Systems Therapy** – A form of psychotherapy that focuses on how a child interacts with his/her most important social environment, the family. The underlying premise of the therapy is that the child's problems are best understood by observing how they fit into the larger scheme of relationships among the members of the family group.

**Fetal Alcohol Syndrome** – Condition affecting the children of mothers who consume large quantities of alcohol during pregnancy; it can involve cognitive delays, attention difficulties, and physical and emotional disability. Deficits range from mild to severe, including growth retardation, brain damage, mental retardation, anomalies of the face, and heart failure.

**Free Appropriate Public Education (FAPE)** – A statutory requirement of the Individuals with Disabilities Act that specifies that children and youth with disabilities receive a public education appropriate to their needs, at no cost to their families.

**Functional Family Therapy (FFT)** – A family-based prevention and intervention program that combines and integrates established clinical therapy, empirically supported principles, and extensive clinical experience.

**Generalized Anxiety Disorder (GAD)** – Mental disorder characterized by chronic, excessive worry and fear that seems to have no real cause. Children or adolescents with generalized anxiety disorder often worry a lot about things such as future events, past behaviors, social acceptance, family matters, their personal abilities, and/or school performance. See *"Anxiety Disorders"* section.

**Gliadin** – Wheat gluten.

**Global Trauma** – Trauma affecting many individuals, e.g., earthquake, war.

**Group Homes** – See *"Therapeutic Group Homes"* definition.

**Habit Disorders** – Several related disorders linked by the presence of repetitive and relatively stable behaviors that seem to occur beyond the awareness of the person performing the behavior. See *"Habit Disorders"* section.

**Habit Reversal Therapy** – Includes awareness training, competing response training and social support. See *"Habit Disorders"* section.

**Halfway Houses** – See *"Therapeutic Group Homes"* definition.

**Hallucinations** – A strong perception of an event or object when no such situation is present; may occur in any of the senses (i.e., visual, auditory, gustatory, olfactory, or tactile).

**Health Maintenance Organization (HMO)** – A medical care organization organized to deliver and finance health care services through a network of participating providers. An HMO provides comprehensive health care services to its members for a fixed prepaid premium. A primary care physician must provide or authorize all services provided to members. Members must use in-network physicians.

**Heritability** – Measure of the degree to which the variance in the distribution of a phenotype is due to genetic causes or non-genetic factors.

**Home-Based Services (Family Preservation Services)** – Services typically provided in the residence of an individual who is at risk of being moved into an out-of-home placement or who is being transitioned back into the home from an out-of-home placement. The treatments are family-focused, and involve working within the home environment to preserve the family structure. The services may include crisis treatment, intensive case management, individual and family counseling, skill building (life, communication, and parenting), 24-hour emergency response, and assisting in obtaining and coordinating needed services, resources, and supports. Services vary based on the goals of the program and the needs of the family. The services tend to be of short

duration (1 to 3 months) but highly intensive (5 to 20 hours per week). They are usually provided only when other interventions have proven unsuccessful. They are typically offered through child welfare agencies, community services boards, mental health centers, hospitals, juvenile justice agencies, or private providers.

**Hypersexuality** – Being excessively interested or involved in sexual activity.

**Hypersomnia** – Excessive sleepiness.

**Hypervigilance** – Watchfulness or awareness of one's surroundings over and above what is normal.

**Hypoxia** – Lack of oxygen supply.

**Incidence** – Measure of events as they happen over a period of time. It usually refers only to the number of new cases, particularly of chronic diseases.

**Ideation** – The capacity for or the act of forming or entertaining ideas.

**Independent Living Services** – Programs specifically designed to help adolescents make the transition to living independently as an adult. They provide training in daily living skills (financial, medical, housing, transportation) as well as vocational and job training. They are offered by therapeutic group homes, residential treatment centers, day treatment programs, community services boards, and private clinics.

**Individual Trauma** – Trauma specific to one individual, e.g., assault.

**Individualized Educational Program (IEP)** – Plan developed by parents, teachers, school administrators, and the student to meet the unique educational needs of a student with a disability. It should contain specific objectives and goals that are based upon the student's current level of educational performance in a variety of areas. It should also describe the services that are to be provided by the school system within the context of the educational program.

**Individuals with Disabilities Act (IDEA)** – Federal law mandating that a free and appropriate public education be available to all school-age children with disabilities. Also known as Public Law 105-17.

**Inpatient Hospitalization** – Services provided on a 24-hour basis in a hospital setting and the most restrictive placement that a child can receive. It tends to be reserved for children with difficult and ongoing problems. Hospitals use a variety of interventions, including individual, group, and family therapy, medication management, and behavior modification.

**Institute for Mental Disease (IMD)** – Residential facility with more than 16 beds which specializes in psychiatric care.

**Intellectual Disability** – A developmental disability characterized both by a significantly below-average score on a test of mental ability or intelligence and by limitations in the ability to function in areas of daily life, such as communication, self-care, and getting along in social situations and school activities. See "*Intellectual Disability*" section.

**Intellectual Disability Waiver** – A medical waiver that provides home and community-based services to individuals under 6 years of age who are 'at developmental risk' and to individuals above 7 years of age diagnosed with an intellectual disability.

**Interpersonal Rejection Sensitivity** – Heightened sensitivity.

**Intervention** – Action(s) intended to modify a negative state, e.g., pain or suffering, destructive behavior, with the goal of improving it.

**Intensive Outpatient Therapy (IOP)** – A form of partial hospitalization that is more intense than regular once-per-week outpatient therapy and less intense than full inpatient hospitalization. Patients come for therapy, which is often conducted in a group setting, several days per week for several hours at a time. This type of treatment is typically shorter in duration than full partial hospitalization programs.

**Intermediate Care Facility (ICF)** – An intermediate care facility is an institution furnished health-related care and services to individuals who do not require the degree of care provided by hospitals or skilled nursing facilities as defined under Title XIX (Medicaid) of the Social Security Act.

**Intermediate Care Facilities for Persons with Mental Retardation (ICF/MR)** – Facilities providing a community-based residential setting for individuals with mental retardation who also have severe medical needs. They offer rehabilitative services designed to maximize independence and enhance the resident's quality of life. They provide residential care, skilled nursing, and specialized training, and may include training programs in language, self-care, independent living, socialization, academic skills, and motor development. While ICF/MRs most often serve adults, adolescents can sometimes be placed in these programs.

**Interpersonal Therapy** – A form of psychotherapy that focuses on improving interpersonal skills by exploring the relationships that the child or adolescent has with others. The therapist actively teaches the youth to evaluate their interactions with others and to become aware of self-isolation and social difficulties. The therapist offers advice and helps the youth make decisions about the best way to interact with other people.

**Intrusive Aversive Therapy** – A formal behavior management technique designed to reduce or eliminate severely maladaptive, violent, or self-injurious behavior by using negative stimuli when problem behaviors are exhibited. It does not include verbal therapies, seclusion, physical or mechanical restraints used in conformity with the applicable human rights regulations, or psychotropic medications.

**Juvenile Correctional Centers (JCCs)** – Secure residential facilities operated by the Virginia Department of Juvenile Justice. Juvenile offenders are committed to JCCs by the Juvenile and Domestic Relations District Courts and Circuit Courts for rehabilitation and confinement. These facilities provide programs to address the treatment, disciplinary, medical, and recreational needs of the juveniles.

**Juvenile Firesetting** – Deliberate destruction of property by juveniles through fire, which sometimes results in casualties. See *“Maladaptive Behaviors, Juvenile Firesetting”* section.

**Juvenile Sex Offender** – Juvenile perpetrating sex offense(s) by committing any sexual act against the victims' will, without consent, or in an aggressive, exploitive, or threatening manner. See *“Juvenile Offending”* section.

**Labile Moods/Mood Lability** – Describes emotional instability.

**Lesch-Nyhan Disease (LND)** – a rare and devastating genetic disorder characterized by severe dystonia (over-activity of a specific group of muscles), spasticity, speech impairment, renal disease, varying degrees of cognitive deficit, and the characteristic symptom, compulsive self-injury.

**Licensed Clinical Social Worker (LCSW)** – A social worker who, by education and experience, is professionally qualified at the autonomous practice level to provide direct diagnostic, preventive and treatment services that may include psychotherapy and counseling for mental disorders, substance abuse, marriage and family dysfunction, and problems caused by social and psychological stress or health impairment.

*Type of degree held:* M.S.W. or D.S.W., along with supervised experience in a treatment setting.

*Where they can be found:* Local social service agencies, hospitals (both regular and psychiatric), residential treatment centers, group homes, community services boards, and private outpatient mental health, and substance abuse clinics.

See *“General Description of Providers”* and *“Providers Licensed in Virginia”* sections.

**Licensed Professional Counselor (LPC)** – The specific legal license that a psychotherapist, usually at the Master's level of training, can get. Educational and experiential standards to achieve the LPC license are lower than the requirements for Psychologist or Psychiatrist licensure. Not all counselors are LPCs.

*Type of degree held:* M.A. or M.S., along with coursework and a supervised residency in counseling and psychotherapy.

*Where they can be found:* Residential treatment centers, community services boards, private outpatient mental health and substance abuse clinics.

See *“General Description of Providers”* and *“Providers Licensed in Virginia”* sections.

**Licensed Social Worker (LSW)** – These are persons who are trained to provide diagnostic, preventive and treatment services, but on a supervised rather than independent basis.

*Type of degree held:* B.A. or M.S.W., along with supervised experience in a treatment setting.

*Where they can be found:* Local social service agencies, hospitals (both regular and psychiatric), residential treatment centers, group homes, community services boards, private outpatient mental health, and substance abuse clinics.

See “General Description of Providers” and “Providers Licensed in Virginia” sections.

**Licensed Substance Abuse Treatment Practitioner** – Professionals who are licensed to provide advanced substance abuse treatment and independent, direct and unsupervised treatment to such individuals or groups of individuals, and to plan, evaluate, supervise, and direct substance abuse treatment provided by others.

*Type of degree held:* M.A. or M.S., along with additional coursework and a supervised residency in substance abuse treatment.

*Where they can be found:* Inpatient substance abuse treatment centers, community services boards, private outpatient mental health, and substance abuse clinics.

See “General Description of Providers” and “Providers Licensed in Virginia” sections.

**License/licensure** – Permission granted to an individual or organization by a competent authority, usually public to engage lawfully in a practice, occupation, or activity. Licensure is the process by which the license is granted. It is usually granted based on examination and/or proof of education rather than on measures of performance. A license is usually permanent, but may be conditioned on annual payment of a fee, proof of continuing education, or proof of competence.

**Major Depression Disorder** – One or more major depressive episodes without a history of mania. See “Depression and Dysthymia” section.

**Mandated** – Designation provided to children receiving funding under the Virginia Comprehensive Services Act. State and local governments are required by law to appropriate sufficient funds for services for these youth. Children and adolescents who fall within this category are generally those who receive individualized services from the education and foster care systems.

**Limbic System** – A group of interconnected brain structures, common to all mammals, which support a variety of functions, including emotion, motivation, behavior, and smell.

**Mania** – A distinct period of abnormally and persistently elevated, expansive, or irritable mood. See “Depression and Dysthymia” section.

**Marriage and Family Therapist** – Person trained in the assessment and treatment of cognitive, affective, or behavioral mental and emotional disorders within the context of marriage and family systems through the application of therapeutic and family systems theories and techniques.

*Type of degree held:* M.A. or M.S., additional coursework and a supervised residency in marriage and family counseling.

*Where they can be found:* Community services boards, private outpatient mental health and substance abuse clinics.

See “General Description of Providers” and “Providers Licensed in Virginia” sections.

**Massed Negative Practice** – One of the most frequently used behavioral therapy techniques in the treatment of children with tic disorder in which the individual is asked to deliberately perform the tic movement for specified periods of time interspersed with brief periods of rest.

**Medicaid** – Federal program (Title XIX of the Social Security Act) that pays for health services for certain categories of people who are poor, elderly, blind, disabled, children under the age of 19, pregnant women, and caretaker relatives of children under the age of 18 and who meet financial eligibility criteria.

**Mental Retardation** – See “Intellectual Disability” definition.

**Mentorship Services** – Individuals who serve as role models and caring adult support figures outside of the immediate family, and often serve a protective role in the lives of at-risk youth. They can be citizen volunteers or paid paraprofessionals. Their primary role is to assist the youth’s development of social support and social skills,

competencies and confidence, and to provide school support. Some specific activities include crisis intervention and problem solving, academic assistance, vocational support and recreation, and most importantly, developing a supportive and helpful relationship with the child. This is accomplished through regularly scheduled contact, which is often daily. These types of services may be provided by community services boards, social service agencies, private clinics, and volunteer agencies.

**Methadone Detoxification and Maintenance** – Services that combine outpatient treatment with the administering of methadone as a substitute narcotic drug, in decreasing doses, until the individual reaches a drug-free state. These treatments usually do not last longer than 180 days. They are typically provided by substance abuse treatment centers.

**Modality** – A therapeutic treatment or agent.

**Mood Disorders** – Category of mental health problems including all types of depression and bipolar disorder. See *“Depression and Dysthymia”* section.

**Mood Stabilizer** – Psychiatric medication used in the treatment of bipolar disorder to suppress swings between mania and depression.

**Multidimensional Family Therapy (MDFT)** – an outpatient, family-based treatment for teenagers with serious substance abuse issues. This approach views drug use in terms of network of influences (individual, family, peer, community) and encourages treatment across settings in multiple ways. Sessions may be held in a clinic, home, court, school, or other community locations. See *“Substance Use Disorders”* section.

**Multimodal** – Having or involving several modes, modalities, or approaches.

**Multisystemic Therapy (MST)** – An integrative, family-based treatment with focus on improving psychosocial functioning for youth and families so that the need for out-of-home placements is reduced or eliminated.

**Narrowband Tool** – A screening tool specific to the disorder.

**Neurobiology** – The branch of biology that deals with the anatomy and physiology and pathology of the nervous system.

**Neuroimaging** – Use of various techniques to either directly or indirectly image the structure, function/pharmacology of the brain, e.g., MRIs.

**Neuroleptic Medication** – A term that refers to the effects of antipsychotic drugs on a patient, especially on cognition and behavior. Neuroleptic drugs may produce a state of apathy, lack of initiative, and limited range of emotion. In psychotic patients, neuroleptic drugs cause a reduction in confusion and agitation.

**Neuropsychiatry** – Branch of medicine dealing with mental disorders attributable to diseases of the nervous system.

**Neurotransmitters** – In the brain, these chemicals transfer messages from one nerve cell to another and affect mood.

**Non-mandated** – Designation given to youths who are referred for services under the Virginia Comprehensive Services Act for which the Commonwealth is not required to provide complete funding. Children and adolescents who fall into this category are generally referred for treatment by the juvenile justice or mental health systems.

**Non-Suicidal Self-Injurious Behavior (NSIB)** – Deliberate, direct destruction or alteration of body tissue without conscious suicidal intent, but resulting in injury severe enough for tissue damage to occur. See *“Maladaptive Behaviors, Non-Suicidal Self-Injurious Behavior”* section.

**Norepinephrine** – A hormone that regulates blood pressure by causing blood vessels to narrow and the heart to beat faster.

**Nucleus accumbens** – Collection of neurons within the striatum; the key structure of the brain responsible for reward, motivation and addiction. Dependent drugs, such as cocaine and nicotine, trigger the release of dopamine from its shell.

**Obsessive-compulsive disorder (OCD)** – Anxiety disorder in which a person has an unreasonable thought, fear, or worry that he/she tries to manage through a ritualized activity to reduce the anxiety. Frequently occurring disturbing thoughts or images are called obsessions, and the rituals performed to try to prevent or dispel them are called compulsions. See *“Anxiety Disorders”* section.

**Office of Juvenile Justice and Delinquency Prevention (OJJDP)** – Federal agency within the U.S. Department of Justice which coordinates and provides resources to state and communities pertaining to juvenile justice system.

**Operant Conditioning** – Process of behavior modification in which the likelihood of a specific behavior is increased or decreased through positive or negative reinforcement each time the behavior is exhibited, so that the subject comes to associate the pleasure or displeasure of the reinforcement with the behavior.

**Oppositional Defiant Disorder (ODD)** – An enduring pattern of uncooperative, defiant, and hostile behavior to authority figures that does not involve major antisocial violations. See *“Behavior Disorders, Oppositional Defiant & Conduct Disorders”* section.

**Outpatient Psychiatric Services** – Services provided to individuals, groups, or families on an hourly schedule. Outpatient services are the most frequently used treatment method for children, and may either be provided for a short term (6 to 12 sessions) or a longer duration (a year or longer). Services are generally provided on a weekly basis, if not more often, depending on the individual needs of the child and family. However, under managed care and most insurance plans, brief therapy is likely to be mandated. It is the least restrictive form of service for children and families, and it is provided in a number of settings, including community services boards, outpatient psychiatry departments of hospitals, and private offices. It is most often provided by psychiatrists, psychologists, social workers, and counselors. Treatment efforts may include diagnosis and evaluation, intake and screening, counseling, psychotherapy, behavior management, psychological testing and assessment, and medication management. These services are typically offered in community services boards, private clinics and offices, and outpatient psychiatry departments of hospitals.

**Paraphilia** – A medical or behavioral science term for what is also referred to as a sexual deviation, sexual anomaly, sexual perversion or a disorder of sexual preference. It is the repeated, intense sexual arousal to unconventional and socially deviant stimuli.

**Parent** – A parent, a guardian, or a person acting as a parent in the absence of a parental guardian. The term "parent" also means a surrogate parent appointed pursuant to Virginia statute.

**Partial Hospitalization** – A form of therapeutic day treatment that is based in a psychiatric hospital. It provides the use of a psychiatric hospital setting during the day, with children returning to their home each night. It is frequently used for those children who are being released from a psychiatric hospital and must transition back into the community and the school system. It is also used to assist youths at risk of inpatient hospitalization. See also *“Therapeutic Day Treatment”* definition.

**Pathological** – Altered or caused by mental health disorder.

**Peripheral Serotonin Receptors** – Surrounding the peripheral nervous system.

**Pervasive Developmental Disorders (PDD)** – These disorders can usually be identified in the early years of a child's life. Children with PDD have difficulty in areas of development or use of functional skills such as language, communication, socialization, and motor behaviors. Examples of PDD include:

- autism (autistic disorder)
- Asperger's disorder
- Rett's disorder
- childhood disintegrative disorder (also called disintegrative psychosis)

See *“Autism Spectrum Disorders”* section.

**Phallometric** – Assessment to measure sexual attraction.

**Pharmacology** – The study of the nature, actions, and uses of drugs.

**Phasic Disorder** – Reacting rapidly and strongly to a stimulus but quickly adapting and having a short period of excitation.

**Phobia** – An uncontrollable, irrational, and persistent fear of a specific object, situation, or activity.

**Physiological Responses** – Related to hormonal and metabolic changes in the body which follow stimuli/stimulus.

**Placebo** – A pharmacologically inert substance (such as saline solution or a starch tablet) that produces an effect similar to what would be expected of a pharmacologically active substance (such as an antibiotic).

**Plan of Care** – Treatment plan designed for each child or family. The caregiver(s) develop(s) the plan with the family. The plan identifies the child and family's strengths and needs. It establishes goals and details appropriate treatment and services to meet his or her special needs.

**Positive Behavior Support** – Re-directive therapy which is applicable to home and school environment where the goal is to help the youth strengthen communication, social, and self-management skills.

**Post-traumatic Stress Disorder (PTSD)** – A debilitating condition that often follows a terrifying physical or emotional event causing the person who survived the event to have persistent, frightening thoughts and memories, or flashbacks, of the ordeal. Persons with PTSD often feel chronically, emotionally numb.

**Practice Guidelines** – American Academy of Child and Adolescent Psychiatry (AACAP) practice guidelines which prescribe treatments and include resources and tools to assist practitioners and provide evidence-based recommendations for the assessment and treatment of psychiatric disorders.

**Prader-Willi Syndrome (PWS)** – An uncommon inherited disorder characterized by mental retardation, decreased muscle tone, short stature, and an insatiable appetite which can lead to life-threatening obesity.

**Premonitory Urge** – Commonly used to describe early, minor symptoms that precede a major health problem.

**Premorbid** – Preceding the occurrence of disease.

**Prognosis** – The expected outcome, or course of a disease, including the patient's chance of recovery.

**Prevalence** – The number of cases of disease, infected persons, or persons with some other attribute, present at a particular time and in relation to the size of the population from which drawn. It can be a measurement of morbidity at a moment in time.

**Prevention Services** – Services that promote families, communities, and systems working together to reduce the incidence of mental illness, mental retardation, other developmental disabilities, and substance abuse disorders. Emphasis is on the enhancement of protective factors and reduction of risk factors. Activities may include information dissemination, prevention education, and problem identification and referral. Services are most often provided by social service agencies, community services boards, pediatricians, and nurses in health clinics, and schools.

**Private Inpatient Units** – Privately-owned hospitals which offer inpatient psychiatric and/or substance abuse services to children and adolescents with severe, acute disturbances. They are licensed as hospitals under state regulations.

**Private Providers** – Mental health professionals who provide services in private offices or within the context of private mental health centers. The services that they provide are not publicly-funded and therefore treatments are usually paid for either through private insurance, Medicaid, or the FAMIS program, or through contracts with public agencies.

**Private Residential Units** – Privately-owned residential facilities that provide intensive treatment services to children and adolescents with emotional or mental disorders. They are somewhat less restrictive than private inpatient units, but still tend to be highly structured and secure, and should be reserved for children and adolescents in crisis. However, the level of security and restrictiveness tend to vary across facilities.

**Psychiatric Diagnosis** – Utilizing results from mental and physical examinations and possibly other types of tests to help determine whether an individual has a mental health disorder.

**Psychiatric Social Worker** – A core mental health professional, who has earned the Master's of Social Work degree, and is trained to appreciate and emphasize the impact of environmental factors on mental disorders. See *"General Description of Providers"* and *"Providers Licensed in Virginia"* sections.

**Psychiatrist** – A medical doctor or physician. Psychiatrists are experts in the use of medications to treat mental disorders and also experts in the diagnosis and treatment of mental illnesses.

*Type of degree held:* M.D., as well as completion of a multi-year residency in psychiatry (treatment of mental illness), usually in a hospital setting and under supervision of senior psychiatrists.

*Where they can be found:* Hospitals (regular and psychiatric), community services boards, private outpatient mental health clinics, private practice.

See *"General Description of Providers"* and *"Providers Licensed in Virginia"* sections.

**Psychodynamic** – Related to a method of verbal communication used to help a person find relief from emotional pain.

**Psychoeducational Services** – The process of providing information to parents, children, and teachers about the features of the child's diagnosis, the most effective management strategies, and the services available to provide the necessary treatment.

**Psychological Evaluation** – A clinical examination conducted by a mental health professional that is used to determine the nature of a child's psychological difficulties. It often includes an analysis of components of the child's life such as his/her development, behavior, education, medical history, and family and social relationships. An evaluation usually requires several hours to complete and is often best performed over several sessions, including sessions for the child and parents separately and together. In addition, a full evaluation usually requires the collection of information from a variety of outside sources, such as the school, child's pediatrician, psychological testing, and social service agencies.

**Psychological Factors** – Emotional and experiential components associated with physical disturbances and biological factors.

**Psychopathology** – The science that studies mental diseases.

**Psychopharmacology** – Use of medication to treat mental disorders. These medications work to control the symptoms of mental illness by correcting or compensating for some malfunction in the body. Medications do not cure mental illness.

**Psychosis** – A disruption of thinking that impairs an individual's reality contact and social perception. It is frequently associated with the diagnosis of schizophrenia.

**Psychosocial** – Involving aspects of social and psychological behavior.

**Psychosocial treatments** – Services that focus on the relationship between psychological, environmental, and social factors. They include certain forms of psychotherapy as well as social and vocational training, and are intended to provide support, education, and guidance to people with mental illnesses and their families. A psychiatrist, psychologist, social worker, or counselor typically provides these psychosocial therapies. The therapist and a psychiatrist may work together as the psychiatrist prescribes medications and the therapist monitors the consumer's progress. The number, frequency, and type of psychotherapy sessions a consumer has should be based on his or her individual treatment needs.

**Psychostimulant** – A drug having antidepressant or mood-elevating properties.

**Psychotherapy** – An intervention that involves regularly scheduled sessions between the patient and a mental health professional such as a psychiatrist, psychologist, psychiatric social worker, or psychiatric nurse. Licensed Clinical Social Workers and Advanced Practice Psychiatric Nurses may also provide psychotherapy. The goal of this treatment is to help consumers understand why they are acting and thinking in ways that are troubling or dangerous to themselves or others so they have more control over their behaviors and can correct them. It is commonly used in the treatment of children and youth with emotional and behavioral problems, either in conjunction with or in place of prescribed medications. This form of therapy varies with regard to theoretical approach, with the most prevalent of these being the psychodynamic, behavioral, cognitive-behavioral, interpersonal, supportive, and family systemic approaches.

**Psychotropic Medications** – Prescribed drugs that reduce the symptoms of biologically-based psychological disorders. They are most often prescribed for the following diagnoses: schizophrenia, bipolar disorder, depression, anxiety disorders, obsessive-compulsive disorder, and panic disorder. See also *“Psychopharmacology” definition*.

**Purging** – Children with bulimia nervosa engage in a destructive pattern of ridding their bodies of the excess calories (to control their weight) by vomiting, abusing laxatives or diuretics, taking enemas, and/or exercising obsessively - a process called purging. See *“Maladaptive Behaviors, Eating Disorders” section*.

**Pyromaniac** – An individual having an irresistible impulse to start fires.

**Randomized Trial** – A clinical trial in which the participants are assigned randomly (by chance alone) to different treatments.

**Reactive Attachment Disorder of Infancy or Early Childhood (RAD)** – A complex psychiatric illness that is characterized by serious problems in emotional attachments to others and usually presents by age 5.

**Regression** – Partial or symbolic return to earlier patterns of reacting or thinking. Manifested in a wide variety of circumstances such as normal sleep, play, physical illness, and in many mental disorders.

**Reinforcement** – The strengthening of a response by reward or avoidance of punishment. This process is central in operant conditioning.

**Residential Services** – Services which provide overnight care in conjunction with intensive treatment or training programs. They are typically provided in psychiatric hospitals, residential treatment centers (RTCs), and therapeutic foster homes.

**Residential Treatment Center (RTC)** – 24-hour facilities providing short-term intermediate care, crisis stabilization, and intensive mental health treatment programs. They are not licensed as hospitals and serve as an alternative to inpatient psychiatric hospitalization. The settings vary, with some highly structured like psychiatric hospitals, while others are similar to group homes or halfway houses. They also vary in the range of services they offer, as some offer a full range of treatment services while others are more limited or specialized. While these facilities were originally designed to serve as long-stay institutions, under managed care they are serving youth for periods as brief as one month, serving only as a source for intensive evaluation and stabilization.

**Respite Care** – A type of family support service. Parents are given relief from childcare by either placing the child with another family or bringing a caretaker into the home for a few days. This service is usually provided on a planned basis under circumstances in which either there has been a prolonged crisis in which the child has exhausted the family resources, or there has been another family crisis, such as illness or death of another family member. This service may be provided by community services boards, social service agencies, or private clinics.

**Risk or Risk Factor** – Term used to quantify the likelihood that something will occur. A risk factor is something, which either increases or decreases an individual's risk of developing a disorder or disease. However, it does not mean that, if exposed, an individual will definitely contract a particular disease.

**Satiation** – the practice of repetitively lighting and extinguishing fire. See *“Maladaptive Behaviors, Juvenile Firesetting” section*.

**Schizoaffective** – Diagnosis describing a mental health disorder characterized by recurring, alternating episodes of elevated or depressed moods with distorted perceptions.

**Schizophrenia** – A severe, chronic, and disabling disturbance of the brain that causes distorted thinking, strange feelings, and unusual behavior and use of language and words. See *“Early-onset Schizophrenia”* section.

**School Psychologists** – Psychologists licensed to practice in a school setting.

*Type of degree held:* M.A. with an endorsement in psychology or Ph.D.

*Where they can be found:* Public and private schools, special education residential schools, special education day schools, therapeutic day treatment centers. See *“General Description of Providers”* and *“Providers Licensed in Virginia”* sections.

**School-based Services** – Any program, intervention, or strategy applied in a school setting that was specifically designed to influence students’ emotional, behavioral, or social functioning. See *“School-based Mental Health Services”* section.

**Screening Tool** – A brief assessment, which is valid and reliable, that is used to identify symptoms or other problems.

**Secure Treatment Service** – Provision of services for people with mental disorders or serious mental health problems who, based on clinical assessment, require treatment in a closed setting to ensure the safety of the person, the staff and the community. Three levels of treatment are provided: acute inpatient secure treatment, extended secure treatment, and high-security treatment.

**Sedatives** – A group of drugs used to produce sedation (calmness). Sedatives include sleeping pills and anti-anxiety drugs.

**Serotonin Reuptake Inhibitors (SRIs)** – SRIs are not synonymous with selective serotonin reuptake inhibitors (SSRIs), as that term is usually used to describe the class of antidepressants of the same name, and because SRIs, unlike SSRIs, can be either selective or non-selective in their action. For example, cocaine, which non-selectively inhibits the reuptake of serotonin, norepinephrine, and dopamine, can be called an SRI but cannot be called an SSRI.

**Selective Serotonin Reuptake Inhibitors (SSRIs)** – A commonly prescribed class of drugs for treating depression. SSRIs work by stopping the reuptake of serotonin, an action that allows more serotonin to be available to be taken up by other nerves.

**Self-Help and Support Groups** – Groups designed for people and families dealing with life difficulties such as mental illness or substance abuse. Typically, they are not led by a professional therapist; however, these groups may be therapeutic because members give each other ongoing support. They provide support to both the child and the family, as they learn that others have problems similar to theirs and share in their experiences and coping mechanisms.

**Self-Harm** – Also known as self-injury, self-inflicted violence, self-injurious behavior or self-mutilation, self-harm is a deliberate, intentional injury to one’s own body that causes tissue damage or leaves marks for more than a few minutes which is done to cope with an overwhelming or distressing situation. See *“Maladaptive Behaviors, Self-Injury”* section.

**Self-Injury (SI)** – The repetitive, deliberate infliction of harm to one’s own body. See *“Maladaptive Behaviors, Self-Injury”* section.

**Self-Report Measure** – When a person is asked to report his or her own behavior or mental contents.

**Separation Anxiety Disorder (SAD)** – Excessive worry and fear about being apart from family members or individuals to whom a child is most attached. Children with separation anxiety disorder fear being lost from their family or fear something bad happening to a family member if they separated from them.

**Serious Emotional Disturbance (SED)** – Serious emotional disturbance in children ages birth through 17 is defined as a serious mental health problem that can be diagnosed under the *DSM-IV*, or the child must exhibit all of the following:

- Problems in personality development and social functioning that have been exhibited over at least one year's time;
- Problems that are significantly disabling based upon the social functioning of most children that age;
- Problems that have become more disabling over time; and
- Service needs that require significant intervention by more than one agency.

**Serotonin** – A chemical that transmits nerve impulses in the brain (neurotransmitter) causes blood vessels to narrow at sites of bleeding and stimulates smooth muscle movement in the intestines. Changes in the serotonin levels in the brain can alter the mood.

**Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs)** – Commonly prescribed class of drugs for treating depression, which work by inhibiting the reuptake of serotonin and norepinephrine, an action that allows serotonin and norepinephrine to be available to be taken up by other nerves.

**Serum (lithium level)** – The clear liquid that can be separated from clotted blood.

**Social Factors** – Influences in a child's social environment which maintain the disorder, e.g., family, friends, school.

**Social History** – When children and adolescents become involved with the juvenile justice system, a social history is performed by personnel of the Court Service Unit. The social history describes the social adjustment of the person before the court, which is used to help the court to select the most appropriate disposition for the case. The social history is also used by the court service unit to develop appropriate services for the juvenile and the family. A social history may also be conducted by other health care providers for purposes of conducting a mental health evaluation.

**Social Modeling** – Tool which integrates the cognitive modeling approach (which stresses how beliefs are formed and drive behavior) with social studies (which stress how relationships and informal practices drive behavior). The intent of social modeling in treatment is to present positive models for change.

**Somatization** – Process of experiencing mental and emotional stress, which manifest as physical symptoms.

**Special Education** – Specially designed instruction, which adapts, as appropriate, to the needs of a disabled child. Such education must ensure access for the child to the general curriculum, so that he or she can meet the educational standards that apply to all children. This education is to be provided at no cost to the parents and is implemented under the guidelines of the Individuals with Disabilities Act (IDEA), which requires school to identify children with disabilities in need of special education.

**Special Education Day Schools** – A form of therapeutic day treatment. These are schools that are specially designed to meet the needs of children with severe behavior disorders who are unable to function adaptively in the regular school system. The programs allow for collaboration between teachers and mental health professionals, and provide low student-teacher ratios and additional family services with the ultimate goal of returning the child to the regular school setting.

**Spectrum** – A condition that is not limited to a specific set of values, but which can vary infinitely within a continuum.

**Standards of Learning (SOLs)** – The outline of the basic knowledge and skills that Virginia's public school students will be taught in grades K-12 in the four academic subjects of English, math, science, and social studies.

**State Mental Health Facilities** – State-run facilities providing a range of psychiatric, psychological, rehabilitative, nursing, support, and other necessary services for children and adolescents with significant and acute psychiatric concerns. The Commonwealth Center for the Treatment of Children and Adolescents is Virginia's psychiatric facility for children and adolescents.

**Stuttering** – Speech characterized by abnormal hesitations, prolongations, and repetitions which are developmentally inappropriate for the age or mental ability of the speaker.

**Subjective Responses** – Not objective. Instead, these arise from conditions within the brain or sensory organs and are not directly caused by external stimuli.

**Substance Abuse Medical Detoxification** – A form of inpatient services in which doctors and other medical personnel use medication to eliminate or reduce effects of alcohol or other drugs in the patient's body. These services are available in local hospitals or other emergency care facilities.

**Suicidality** – Suicidal thinking and behavior.

**Suicidal Behavior** – Actions taken by one who is considering or preparing to cause their own death. See “*Youth Suicide*” section.

**Suicidal Ideation** – Thoughts of suicide or wanting to take one's life. See “*Youth Suicide*” section.

**Suicide** – The intentional taking of one's own life. See “*Youth Suicide*” section.

**Suicide Attempt** – An act focused on taking one's life that is unsuccessful in causing death. See “*Youth Suicide*” section.

**Supportive Therapy** – Psychotherapy focusing on the management and resolution of current difficulties and life decisions using the individual's strengths and available resources.

**Symptom** – A reported feeling or specific observable physical sign of a patient's condition that indicates a physical or mental abnormality.

**Syndrome** – A grouping of signs and symptoms, based on their frequent co-occurrence, that may suggest a common underlying pathogenesis, course, familial pattern, or treatment selection.

**System of Care** – A method of delivering mental health services that helps children and adolescents with mental health problems and their families get the full range of services in or near their homes and communities. These services must be tailored to each individual child's physical, emotional, social, and educational needs. In systems of care, local organizations work in teams to provide these services.

**Tardive Dyskinesia** – An involuntary movement disorder caused by the long-term use of neuroleptic drugs.

**Temporary Assistance for Needy Families (TANF)** – A block grant program designed to move recipients into work and turning welfare into a program of temporary assistance. TANF replaced the national welfare program known as Aid to Families with Dependent Children (AFDC) and the related programs known as the Job Opportunities and Basic Skills Training (JOBS) program and the Emergency Assistance (EA) program. TANF recipients are usually eligible for full Medicaid benefits and include children younger than 18 (or expected to graduate from high school by age 19). One of the child's parents must be dead, absent, disabled or unemployed.

**The Arc** – Formerly the Association for Retarded Citizens, a non-profit organization which supports persons with intellectual disability.

**Therapeutic Camp Services** – A special form of therapeutic group care in which youth and staff live together in a wilderness environment. The nature of the living situation requires that participants demonstrate responsible and independent behavior in order to take care of the basic necessities of living, including food and shelter. The primary emphasis of the treatment is the encouragement of each participant to be a contributing member of the group. The goal of this form of treatment is to build skills in dealing with immediate situations of both a social and nonsocial nature.

**Therapeutic Day Treatment** – An outpatient treatment program that serves children with diagnoses that range from severe emotional disturbance to developmental delay. These services provide an integrated set of psychoeducational activities, counseling, and family treatments which involve the young person for several hours each day. Services typically include special education, individual and group counseling, family counseling and training, crisis intervention, skill building, behavior modification, and recreational therapy. However, the nature of

these programs may vary widely due to factors such as setting, the population being served, the intensity of treatment, the theoretical approach, and the treatment components. The integration of this broad range of services is designed to strengthen both individual and family functioning and to prevent a more restrictive placement of the child. The child is able to receive the benefits of a structured setting while being able to return home at night and continue involvement with family and peers. These services may be offered in regular school settings, special education day schools, community services boards, and hospitals. Currently, Medicaid is the only third party source that routinely covers this service.

**Therapeutic Group Homes** – Facilities which provide emotionally and behaviorally disturbed youth with an environment to learn social and psychological skills. These homes are located in the community, and residents attend the local schools. In Virginia, a group home is defined as a community-based, home-like single dwelling, or its acceptable equivalent, other than the private home of the operator, and serves up to 12 residents. An array of services is provided, such as individual psychotherapy, group therapy, and/or behavior modification. Vocational training and work experiences are typically included as part of the treatment program for adolescents. The amount of structure incorporated into the program varies based on the level of need of the youths served.

**Therapeutic Intervention** – Interventions based on an in-depth and extensive evaluation of the problem with clear and specific goals.

**Tic** – An involuntary, sudden, rapid, recurrent, nonrhythmic, stereotyped motor movement or vocalization. See *“Habit Disorders”* section.

**Tic Disorder** – A type of habit disorder that may be classified as a vocal tic, a motor tic, a simple tic or a complex tic. See *“Habit Disorders”* section.

**Title IV-E** – The Federal Social Security Act authorizing financial assistance for foster children and for families receiving adoption assistance.

**Title V** – Title V of the Social Security Act, which became the Maternal and Child Health Services Block Grant in 1981.

**Title XVIII** – Social Security Act Pertaining to Medicare.

**Title XIX** – Medicaid’s federally aided, state-operated and administered program which provides medical benefits for certain indigent or low-income persons in need of health and medical care. Authorized by Title XIX of the Social Security Act.

**Title XXI** – The State Children’s Health Insurance Program (SCHIP) that authorizes states to provide health insurance coverage to uninsured children up to 200 percent of the federal poverty level (FPL). States may provide this coverage by expanding Medicaid or by expanding or creating a state children’s health insurance program. FAMIS is Virginia’s SCHIP program.

**Tourette’s Disorder** – Disorder characterized by multiple motor tics and at least one vocal tic. A tic is a sudden, rapid movement of some of the muscles in the body that occurs over and over and does not serve any purpose. See *“Habit Disorders”* section.

**Transactional Medical Assistance** – Provides short-term Medicaid coverage for people who lose assistance when they secure a job that does not provide health benefits.

**Transitional Services** - Services which help children leave the system that provides help for children and move into adulthood and the adult service system. Help includes mental health care, independent living services, supported housing, vocational services, and a range of other support services.

**Trauma** – Any injury, physical or emotional.

**Traumatic Event** – An occurrence which threatens injury, death or the physical body of a child or adolescent, while also causing shock, terror or helplessness.

**Treatment Foster Care** – Also known as Therapeutic Foster Care, it is the least restrictive form of residential treatment, placing children in private homes with specially trained foster parents. It is typically provided to children and adolescents with emotional or behavioral disturbances. The intent of these programs is to provide treatment within a family context. Children are placed with foster parents who have been carefully selected to work with children with special needs. These parents receive education and training to assist in working effectively with the child, including topics such as active listening, behavioral management and programming, and age-appropriate behavioral expectations. These parents become part of a support structure that exists among the foster parents and case managers work in close connection with the child and family. During this placement, efforts are made to provide the biological family with counseling, support, and other types of assistance so that the child can be returned to the home as quickly as possible. Programs tend to differ in approach, structure, intensity and type of training. Most serve youth from birth to 18 years, with most youth entering during early adolescence.

**Tricyclic anti-depressants (TCA)** – Drugs used in the treatment of clinical depression. Tricyclic refers to the presence of three rings in the chemical structure of these drugs.

**Typology** – Study or systematic classification of types that have common characteristics or traits.

**Unproven Treatment** – One that has little or no scientific evidence supporting its efficacy.

**Variability** – Range of possible outcomes of a given situation.

**Virginia Independence Program (VIP)** – Virginia's Welfare Reform program.

**Virginia Initiative for Work not Welfare (VIEW)** – Work component of Temporary Assistance for Needy Families (TANF) program.

**White Matter Hyperintensities** – White matter is the communication system of the brain.

**Wraparound Services** – Child- and family-driven services and supports which are community-based. Services address the child's needs in the home, school, and community, and are developed through collaboration between the child, family, and all of the service providers who provide support to the child. The underlying purpose is to provide services that follow the child as he/she interacts in different environments in the community. The organizations involved in collaboration can include mental health, education, juvenile justice, and child welfare. Case management is usually necessary to coordinate services.

### **Sources**

The Virginia Commission on Youth used the following sources to compile the Reference Chart:

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